

## Foster Family Home - Corrective Action Report

Provider ID: 1-090081

Home Name: Myrna Tabbay, CNA

Review ID: 1-090081-6

1853 A Makuahine Place

Reviewer: Angelica Galindo

Honolulu

HI 96817

Begin Date: 10/3/2018

End Date:

10/03/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 10/03/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Angelica Galindo RN  
Compliance Manager

Myrna Tabbay  
Primary Care Giver

10/03/18  
Date

10/03/18  
Date